

Scientific adviser: Rojnoveanu Gheorghe, MD, PhD, Professor, Department of Surgery no.1 Nicolae Anestiadi Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Retained haemothorax and pleural empyema are the most common complications of thoracic trauma (TT). TT is a major cause of morbidity and mortality in specialized surgery trauma centers. With the increased potential of the mini-invasive surgery, video assisted thoracoscopy (VATS) has become an elective method of treatment for these patients.

Aim of the study. To evaluate the usefulness of video assisted thoracoscopy in the management of the patients with complicated thoracic thrauma.

Materials and methods. A prospective analysis of the treatment results for the patients with thoracic trauma injuries associated with pleuro-pulmonary complications was carried out during the period 2016-2017 at the Institute of Emergency Medicine from Chisinau, Rep. of Moldova. 522 patients were included in the study. The ratio M:F - 2:1. Mean age - ± 54.64 years. 126 (24.3%) patients had pleuropulmonary complications: 68 (13%) - hemothorax, 58 (11.1%) - posttraumatic pneumothorax. All patients with baseline pleuropulmonary complications were subjected to pleural drainage.

Results. 4 (0.76%) patients underwent VATS to manage pleuropulmonary complications over 24 hours from hospitalization. 2 patients were identified with retained hemothorax. One patient suffering from pneumothorax as a result of pulmonary parenchymal lesion and another one with pleural effusion. No patient in the study group was subjected to conversion to open thoracotomy. The hospitalization period of patients after VATS was 5.0 ± 0.4 days, compared to 5.92 ± 5.7 days in patients with pleural drainage ($p > 0.05$).

Conclusions. VATS is a method of choice in patients with complicated thoracic trauma, unresolved by pleural drainage and performed over 24 hours from hospitalization. This tactic greatly reduces the rate of late complications and the period of hospitalization for patients.

Key words: VATS, thoracic trauma, pleural drainage

135. SURGICAL TACTICS IN COLORECTAL CANCER

Authors: **Alexandr Ursu, Corina Scerbatiuc-Condur**

Scientific adviser: Rojnoveanu Gheorghe, MD, PhD, Professor, Department of Surgery no.1 Nicolae Anestiadi Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Colonic cancer is a public health problem with a significant negative impact on morbidity and mortality. Currently, colorectal cancer is placed on the third place after lung and breast cancer. Although in the case of occlusive neoplasm located on the right colon resection with primary anastomosis is considered as a way of completing the surgical intervention, except for extremely severe patients, this claim cannot be applied to all patients with neoplasms located on the left colon.

Aim of the study. Analysis of surgical treatment results of patients with colorectal cancer.

Materials and methods. A retrospective - descriptive study was carried out with the analysis of the observation files and the operative protocols of 152 colorectal cancer patients operated at PMSI IEM during 2015-2017. The age of the patients, the postoperative evolution according to the time of the operation, the type of finishing of the operation were analyzed.

Results. The analysis showed the following: men were 81 (53.29%) and women - 71 (46.71%), ratio M:F = 1.14:1. The mean age was 64.7 ± 0.99 years. According to the tumor site, the patients were distributed as follows: right hemicolon - 50(32.89%), left hemicolon - 102 (67.11%), ($p < 0.001$). From the total group, 97 (63.72%) patients had obstructive syndrome ($p < 0.001$); 7(4.61%) - partial obstruction; 18 (11.84%) - digestive haemorrhage and 30 (19.73%) - no acute

complications. A number of 98 (64.47%) patients were subjected to emergency surgery and 54 (35.53%) cases - elective surgery ($p < 0.001$). The operations were completed with the application of primary anastomosis in 104 (68.42%) cases, and in 48 (31.58%) with the application of external derivations, 25 (52.08%) of the patients having metastases. Thus, 14 (29.17%) transversostomies, 12 (25%) sigmoplastomies, 11 (22.92%) descendostomies, 1 (2.08%) cecostomy and 10 (20.83%) ileostomies were applied. Of the total number of anastomosis performed, 7 (6.25%) were complicated by leakage and 14 (29.16%) patients with stoma developed different postoperative complications (pneumonia, sepsis, DIC syndrome, etc.). The mean hospitalization time was 15.9 ± 1.9 days in patients with stomas and 19.41 ± 1.45 in patients with primary anastomosis. Postoperative mortality was 16.45% ($n=25$), of which 12 (7.89%) with primary anastomosis and 13 (8.55%) with stomas.

Conclusions. The extent of surgery in colorectal cancer depends on the location of the tumor and the clinical manifestations at hospitalization. The obtained results revealed that colon cancer localization rate is significantly higher on the left hemicolon ($p < 0.001$). High proportion of the patients showed signs of obstruction at hospitalization ($p < 0.001$), arguing the significantly higher rate of emergency surgery. Despite no significant differences, the rate of postoperative complications and mortality was higher in the group of patients operated in emergency and with external intestinal derivations.

Key words: colorectal cancer, surgical treatment, primary anastomosis, external intestinal derivations

136. MANAGEMENT OF PATIENTS WITH ABDOMINAL WOUNDS

Authors: **Mihai Rotaru, Corina Scerbatiuc-Condur**

Scientific adviser: Gurgis Radu, MD, Associate professor, Department of Surgery, no. 1 Nicolae Anestiadi

Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Modern management of abdominal wounds remains controversial and undergoes continuous re-evaluation. Abdominal wound management varies according to the following factors: mechanism, site, haemodynamics and neurological status, associated injuries and institutional resources.

Aim of the study. Analysis of treatment outcomes in patients with abdominal wounds.

Materials and methods. A retrospective and prospective study was performed on a group of 89 patients with abdominal wounds treated at the PMSI Institute of Emergency Medicine for the period 01.01.2015 - 31.12.2017. Clinical features and evolution, paraclinical investigations and surgical protocols in patients with abdominal wounds were analyzed.

Results. Data analysis revealed: M:F ratio - 7.9:1; mean age - 36.34 ± 1.3 years; patients with non-penetrating wounds - 44 (49.4%) and penetrating wounds - 45 (50.6%). Patients with non-penetrating wounds ($n = 44$) were subject to revision of the wound canal and subsequent primary surgical wound debridement. Haemodynamically stable patients with penetrating wounds without peritoneal signs ($n = 18$) had the following diagnostic algorithm: abdominal X-ray (17), FAST (17), laparoscopy (4), they underwent primary surgical wound debridement and were admitted for monitoring. Haemodynamically unstable patients with penetrating wounds and with peritoneal or hemorrhagic syndrome ($n = 27$) followed: abdominal X-ray (14), FAST (15), diagnostic laparoscopy (5), subsequently undergoing emergency exploratory laparotomy, in all cases injuries of intra- and extra-abdominal viscera (32) and blood vessels (3) were detected. Nine (33.33%) patients developed complications after laparotomy in the postoperative period: pneumonia (7), evisceration (1), wound sepsis (1). The duration of hospital stay of patients with non-penetrating wounds was on average 3.45 ± 0.3 days, of nonoperatively treated penetrating wounds - 2.42 ± 0.52 , compared with cases of lesions of the abdominal viscera treated with